



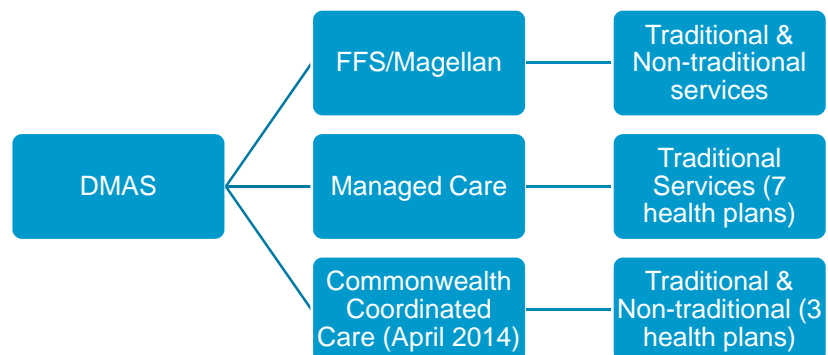
Medicaid-Funded Behavioral Health Services

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January 13, 2014



<http://dmas.virginia.gov>

Behavioral Health Service Delivery Systems



Behavioral Health Covered Services

Non-Traditional Services

- Intensive In-Home
- Therapeutic Day Treatment
- Mental Health Support
- Psychosocial Rehabilitation
- Intensive Community Treatment
- Mental Health and Substance Abuse Targeted Case Management and Foster Care Case Management
- EPSDT Behavioral Therapy
- Residential Treatment (Levels A, B, and C)
- Substance Abuse Community Treatment

Traditional Services

- Inpatient mental health services
- Traditional outpatient mental health services:
 - Medication management, and individual, family, and group psychotherapy
 - Psychological/neuropsychological testing
- Pharmacy services
- Temporary Detention Order (TDO)
- Substance Abuse Treatment Services (outpatient/opioid medication treatment)

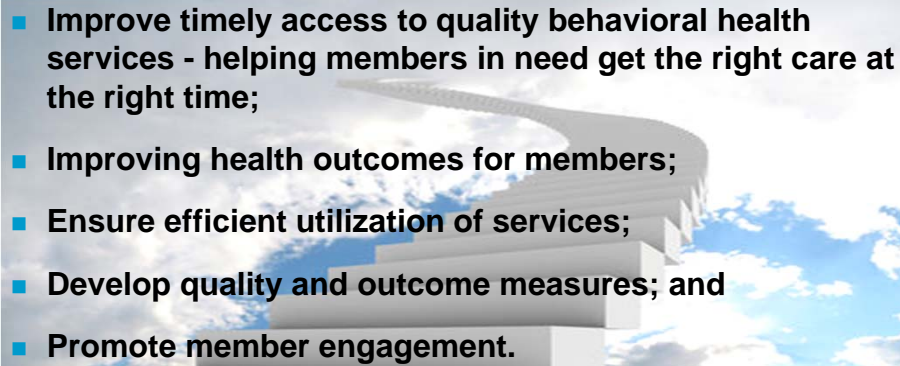
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BH Services Coverage

	FFS/Magellan	Managed Care	CCC Program
Pharmacy	Covered by FFS	Covered by Health Plan	Covered by Health Plan
Inpatient (private freestanding & acute psych, TDO)	Covered by FFS	Covered by Health Plan	Covered by Health Plan
Outpatient	Covered by FFS	Covered by Health Plan	Covered by Health Plan
CMHRS	Covered by FFS	X –covered through FFS	Covered by Health Plan
MH/SA Case Mgmt.	Covered by FFS	X-covered through FFS	X-covered through FFS
Residential Treatment	Covered by FFS	X-covered through FFS	X-not covered since <21
State MH Facilities (includes TDO)	Covered by FFS	X-individual not eligible for MII	X-individual not eligible for CCC

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Objectives of Virginia Medicaid Behavioral Health Delivery Systems

- Improve timely access to quality behavioral health services - helping members in need get the right care at the right time;
 - Improving health outcomes for members;
 - Ensure efficient utilization of services;
 - Develop quality and outcome measures; and
 - Promote member engagement.
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The MCO: Public/Private Partnership

The Department has a public/private partnership with health plans that cover 700,000 of the Medicaid population in the Commonwealth

Anthem #2

Amerigroup/Wellpoint merger Nov 2012

CoventryCares #4

acquired by Aetna - May 2013

InTotal {INOVA}

Kaiser #3

MajestaCare {Carilion}

Optima {Sentara}

Virginia Premier {VCU}

DMAS contracts with 3 of the largest health plans in the Commonwealth/Country

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MCO : Integrated Model of Care

- Virginia's MCOs manage behavioral health services through an integrated model that incorporates acute care and behavioral health care via:
 - Networks*
 - Physician Engagement
 - Technology
 - Care Management*

*This presentation will focus on Networks and Care Management

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Health Plans provide the Commonwealth with behavioral health providers, access and services

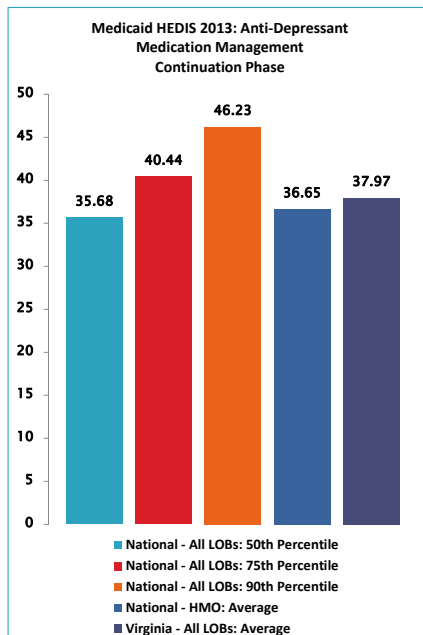
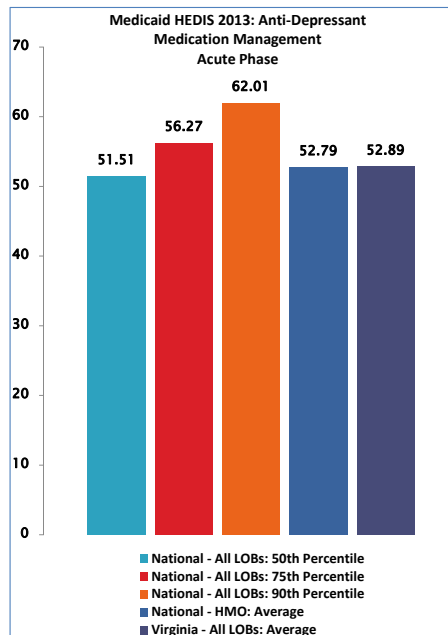
- Capacity to recruit and leverage broader provider and specialty networks that are board certified – psychologists, psychiatrists, licensed counselors and social workers, community supports
- Diverse practice models that compete and support the marketplace (physician owned, hospital owned, privately-commercial-owned)
- Plans and Behavioral Health providers utilize physician extenders for support
- Current plans have Commercial, Exchange, Medicare, Medicaid products
- Predictive modeling and care management
- Technological advances
- Clinical and community partnership {CSBs}
- Behavioral health medical home models

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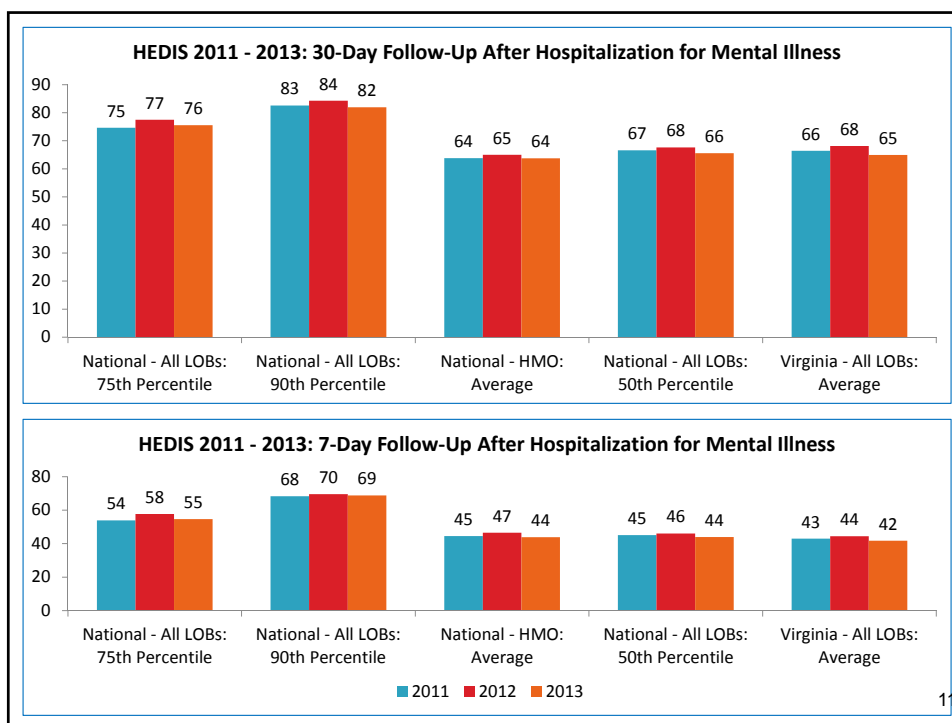
Focus of MCO Model

- ▶ The focus of the MCOs' model of care is two-fold
 1. To have the person:
 - Improve overall health care
 - reduce behavioral health hospitalizations
 - adhere to medication management
 - function in community
 2. To create positive quality and health outcomes
- ▶ The current MCO contract requires the MCOs to participate in performance improvement project (PIPs) that are validated by the EQRO
 - Most recent project included follow-up to inpatient stay for behavioral health

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MCO Behavioral Health Care Management Programs

MCO Care Management Programs provide:

- ▶ Medical, Behavioral, and Pharmacy {treats the whole patient}
- ▶ 24/7 Nurse Access
- ▶ Toll free numbers
- ▶ Dedicated websites
- ▶ Care Management includes:
 - Behavioral Health Care Managers & Medical Directors
 - Physician Education
 - Coordinates with CSBs
 - Coordinates co-morbidities between Medical and BH Managers
 - Pharmacy Management
 - Coordinates care with acute and primary services
 - Transportation to traditional and non-traditional services
 - Coordinates with non-medical community resources to ensure all needs of the member are met
 - Coordinates with Magellan for non-traditional services

MCO Behavioral Health Care Management

- Care managers work with members to:
 - secure and maintain stable, independent housing
 - be a source of support to the member as they have dealt with the legal issues for family members
 - establish and maintain ongoing relationship with psychiatrist and primary care providers
- Care managers collaborate very closely with community resources and social workers, the member's in home counselor, and with Family Behavioral Health to coordinate services and to lessen barriers to treatment, including:
 - ensuring transportation to outpatient BH appointments
 - coordinating VICAP assessment
 - ensuring language accommodations for guardian (Spanish speaking)
 - supporting the family in strengthening and encouraging appropriate communication with member
 - coaching the member to understand medical and psychiatric diagnosis and improving medication compliance
- Care managers are now working closely with Magellan to ensure complete behavioral health for the member

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Reform Initiative - Phase I - Foster Care Transition

- ▶ Children placed in foster care in Virginia are likely to have higher rates of behavioral health service utilization
- ▶ Nationally Children in foster care have
 - 2.5 times as much Community Behavioral Health expenditures and
 - 20 times as much Mental Health Institutional expenditures as compared to Medicaid/non-foster care child group
- There is an increasing focus nationally and in Virginia on the use of psychotropic medications among children in foster care
 - 27% of children in foster care are prescribed psychotropic medications*
 - Children in foster care more likely to receive multiple psychotropic medications*
 - More likely to be prescribed antipsychotics*

*Centers for Health Care Strategies, 2013

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Reform Initiative – Phase I – Foster Care Transition

DMAS and VDSS are working to transition children into the MCOs Foster Care to Managed Care Transition Implementation Dates:

- ▶ Tidewater: September 1, 2013 (LIVE)
- ▶ Central VA: November 1, 2013 (LIVE)
- ▶ NOVA: December 1, 2013 (LIVE)
- ▶ Charlottesville: March 1, 2014
- ▶ Lynchburg: April 1, 2014
- ▶ Roanoke: May 1, 2014
- ▶ Southwest: June 1, 2014

DMAS, MCOs, and VDSS are analyzing behavioral health and psychotropic drug use for children in foster care and developing plans to monitor utilization

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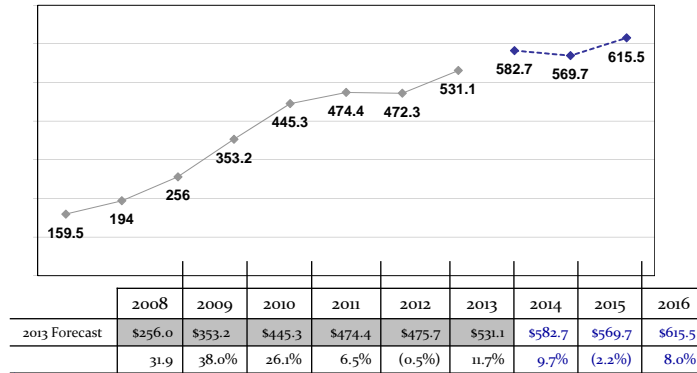
Behavioral Health Service Utilization FFS Only

- Behavioral Health Expenditures in 2013 reached \$775,984,011
 - FY 2013 expenditures – close to \$516 million spent on CMHRS (compared to \$3.6 million in 2000)
 - Over 78% of behavioral health claim dollars went to private providers for non-traditional services
 - \$43 million behavioral health claim dollars went to State Facilities
- This total represents 9% of expenditures for the Medicaid/FAMIS programs, representing over 97,000 covered individuals
- Expenditures for these services have increased by 25% between 2009 to 2013

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Behavioral Health Expenditures

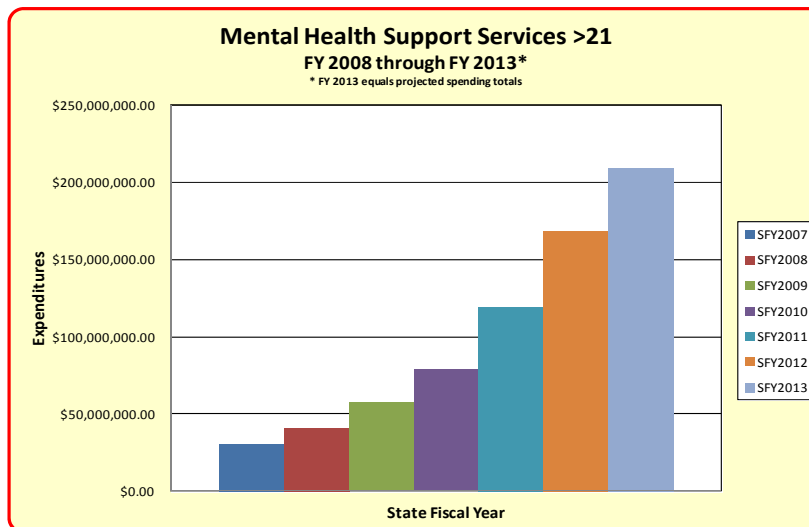
Historical and Projected Expenditures for Behavioral Health Services



- Utilization of behavioral health services has been experiencing high growth rates over the past several years, however several initiatives implemented have curbed the growth
- The 2013 forecast reflects projected savings associated with the implementation of regulatory changes to the eligibility requirements for Mental Health Skill Building Services

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MHSS Utilization Adults in FY '13



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Improved Behavioral Health Program Design



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The Need for Coordinated Care and Improved Health Outcome Monitoring

- Data showed a majority of children receiving more intensive behavioral health services had not been previously known to behavioral health service delivery system or to their managed care organizations (MCOs) as having behavioral health needs
- Trend now occurring with adults
- Virginia Medicaid does not currently mandate the collection of quality outcomes data that would provide a better understanding of how Medicaid members are benefitting from these services

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Program Integrity Improvements

- **Prior Authorization** – Implemented restrictive requirements on services
- **Audits** – Increased monthly audits, including compliance audits
- **Marketing Rules** – Implemented rules on marketing services similar to rules that apply to managed care organizations
- **Changes to staff qualifications** – Worked with stakeholders to strengthen staff qualifications
- **Independent Assessment, known as VICAP** – Effective July 1, 2011, requirements added for children to be evaluated by a CSB independent clinical assessor, prior to receiving certain community mental health rehabilitation services: Intensive In-home, Therapeutic Day Treatment, and Mental Health Supports (now referred to as Mental Health Skill Building Services).

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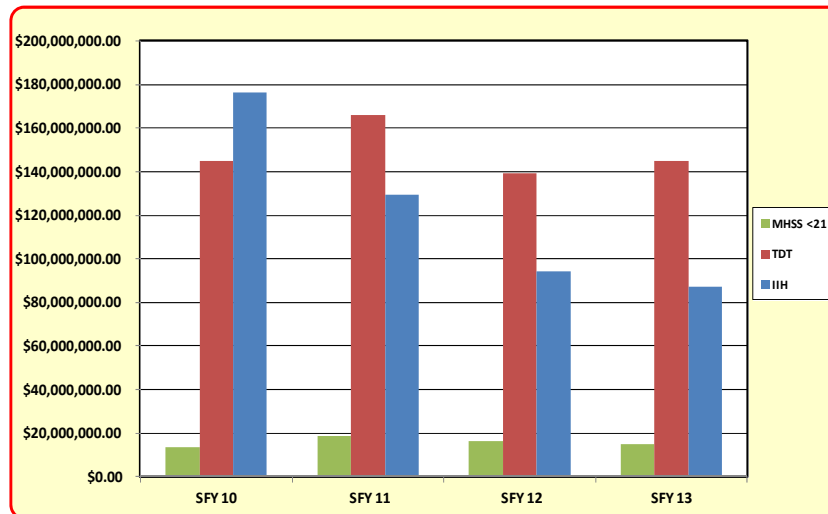
Program Improvements

VICAP for Children's Services

- Required by 2011 General Assembly for IIH, TDT, and MHSS
- Estimated Savings 2012 (\$56,671,054)
- Estimated Savings 2013 (\$83,042,563)
- Magellan is now authorizing the VICAP
- CSBs will continue to be the providers of the VICAP; changes are possible June 2014

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Change in BH Service Patterns Post VICAP



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Program Improvements Mental Health Skill Building

Prior to 12/1/13

- Training service for individuals with significant, chronic mental illness. Primarily serves adults but can help adolescents transitioning to independent living.
- Expenditures in SFY 2013 were over \$224 million – an increase of over \$131M since SFY 2010
- Vague eligibility criteria led to companion care like services for individuals without a documented mental illness.

Implemented 12/1/13

- ✓ Service name went from Mental Health Support Services to Mental Health Skill-building Services to reflect this is a service based on training
- ✓ Eligibility criteria was enhanced and clarified to ensure those with serious, debilitating illnesses received the training to live independently
- ✓ Service limits defined to prohibit duplication of services through other DMAS programs such as waiver services.

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Program Improvements

BHSA Contract

- The BHSA contract was awarded to Magellan Behavioral Health Services in May 2013 and was implemented December 1, 2013.
- The contract with Magellan fulfills the directive to improve several program areas including:
 - The coordination of care for individuals receiving behavioral health services with acute and primary services, and
 - The value of behavioral health services purchased by the Commonwealth of Virginia

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Magellan Features

Customer Service (24/7 call center):

- Member assistance: **crisis calls**, referral, information, outreach and education;
- Care Management services: **care coordination**, interface with MCOs, appropriate care, timely access; and
- Quality Care Initiatives: psychotropic medications, peer support program and integrated care.

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Magellan Network Management

- 7,587 providers (facilities, groups, practitioners) in network;
- 86% of providers are in various stages of credentialing at present;
- **Initial credentialing to be completed prior to 4/1/14;**
- Enhanced provider directory for ease of locating an appropriate provider;
- Multiple resources available to providers to enhance their practice
 - Performance dashboards, quality reviews, open communication regarding patient care planning needs and options, training, free CEUs

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Magellan Performance to Date

Early Results



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Magellan Call Center Performance

Month One Results -

- 6,936 calls received by the call center
- **60% of calls received were from members**
- 100 calls received on the Primary Care Physician Consultation Line
- 2,455 calls managed by the care management team
 - Member assistance with determining appropriate care, precertification, other situations where clinical judgment is required
- 228 crisis calls managed
 - Risk of harm (suicidal/homicidal thoughts or attempts), abuse (child, elder, domestic), emotional distress

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Magellan Next Steps

- Continue open communication with all stakeholders and specialized training with providers;
- **Complete credentialing of all behavioral health providers;**
- **Assess and identify system inefficiencies and gaps;**
- Initiate Governance Board and continue community engagement and partnerships;
- Inclusion of recovery principles; and
- **Implement quality initiatives** – peer support program, integrated care and psychotropic medication utilization.

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Questions

